FORM HW-14 (REV. 2002)

STATE OF HAWAII DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

## WITHHOLDING TAX RETURN CALENDAR YEAR

NAME:	
HAWAII WITHHOLDING	3 ID. NO
MONTH OF (Do not combine your reporting for more than one month, if filing monthly.)	
QUARTER OF (Do not combine your reporting for more than one quarter, if filing quarterly.)	
<ul> <li>If your annual withholding tax liability is \$100,000 or more, this remonth following the close of the filing period, and your payment remonth.</li> </ul>	•

he ng period, and your payment must be made by electrol

• If your annual withholding tax liability is less than \$100,000, this return must be filed on or before the 15th day of the month following the close of the filing period.

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

ATTACH YOUR CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN ON ANY U.S. BANK AND FORM VP-1 TO FORM HW-14. WRITE "HW", THE FILING PERIOD, AND YOUR HAWAII WITHHOLDING IDENTIFICATION NO. ON YOUR CHECK OR MONEY ORDER.

TOTAL WAGES PAID (include COLA)		
TOTAL TAXES WITHHELD		
FOR LATE FILING ONLY	PENALTY	
	INTEREST	
AMOUNT OF PAYMENT		

NOTE: This form may be electronically filed (e-filed) with the

Department of Taxation. For more information, go

to www.ehawaiigov.org/efile

THIS SPACE FOR DATE RECEIVED STAMP

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE
TITLE	

## **MAILING ADDRESSES**

OAHU DISTRICT OFFICE MAUI DISTRICT OFFICE P.O. BOX 3827 P.O. BOX 923

HONOLULU, HI 96812-3827 WAILUKU, HI 96793-0923

HAWAII DISTRICT OFFICE P.O. BOX 937 HILO, HI 96721-0937

KAUAI DISTRICT OFFICE P.O. BOX 1686 LIHUE, HI 96766-5686